

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90008 047 \*\*\*\*70.00

**DOCUMENT # N98000002388**

1. Entity Name

**ST. PAUL MISSIONARY BAPTIST CHURCH OF  
MILLVIEW, INC.**



Principal Place of Business

**1340 N. BLUE ANGEL PKWY.  
PENSACOLA FL 32506**

Mailing Address

**1340 N. BLUE ANGEL PKWY.  
PENSACOLA FL 32506**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, WILLIE J SR  
20 COLEMAN ROAD  
PENSACOLA FL 32503**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SANDERS, WILLIE J SR**  
STREET ADDRESS **20 COLEMAN ROAD**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **VT** ☐ Delete  
NAME **SMITH, JONATHAN**  
STREET ADDRESS **411 BAY OAKS DR**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **S** ☐ Delete  
NAME **JOHNSON, CYNTHIA M**  
STREET ADDRESS **610 RESERVATION AVE**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Delete  
NAME **GEORGE, VERNON L**  
STREET ADDRESS **901 BARCIA DR.**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **D** ☐ Delete  
NAME **JOHNSON, NEHEMIAH**  
STREET ADDRESS **8169 IMPERIAL DR.**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **D** ☐ Delete  
NAME **BROWN, VERNON**  
STREET ADDRESS **4008 MALTESE WAY**  
CITY-ST-ZIP **PENSACOLA FL 32506**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Deacon** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Pastor** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

**SIGNATURE: Jonathan L. Smith**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/29/04** **850 4534307**  
Date Daytime Phone #